

Asthma Education & Resource Council

PATIENT INFORMATION

Name of Patient: _____ Age: _____ Date: _____

Parent names (if applicable): _____ / _____

Address: _____

City _____ ZIP _____

Daytime phone: _____ Evening phone: _____ Other phone: _____

Insurance: _____ Is this a Marin IPA Plan? _____

Doctor: _____ Preferred Language: ☐ English ☐ Spanish

I was referred here by:

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Doctor or clinic | <input type="checkbox"/> Saw flyer | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Walked by | <input type="checkbox"/> Other _____ |

I am here for: *(please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Spacer | <input type="checkbox"/> Asthma Class |
| <input type="checkbox"/> Peak flow meter | <input type="checkbox"/> Drop-in information about asthma and/or allergy |
| <input type="checkbox"/> Individual education session | <input type="checkbox"/> Other: _____ |

For AERC use ONLY:

Initial AERC staff contact: _____

- | | | |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Drop-in | <input type="checkbox"/> Telephone | <input type="checkbox"/> Scheduled appointment |
| <input type="checkbox"/> First visit | <input type="checkbox"/> Follow-up | |

Action: ☐ Registered for class (Month _____)
☐ Appointment scheduled (Date: _____)
☐ Mailed information
☐ Referred to:

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> CL | <input type="checkbox"/> EF | <input type="checkbox"/> LB | <input type="checkbox"/> CS | <input type="checkbox"/> _____ |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|

Services/materials actually provided:

- | | |
|--|--|
| <input type="checkbox"/> Spacer | <input type="checkbox"/> Peak flow meter |
| <input type="checkbox"/> Brief education session (10-30 minutes) | <input type="checkbox"/> Information about asthma and/or allergy |
| <input type="checkbox"/> Intermediate education session (60 minutes) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asthma class (120 minutes) | |

Above services/materials were: ☐ Pro bono ☐ Paid for by patient/insurer/MIPA

Recommend call back: ☐ Yes ☐ Not needed ☐ Questionable

Comments: _____

